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CONFIRMATION NO. 5368

<b>SERIAL NUMBER</b> 10/654,668	<b>FILING OR 371(c) DATE</b> 09/04/2003 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b> 2483-001CIP1
<b>APPLICANTS</b> Brian Rosenfeld, Baltimore, MD; Michael Breslow, Lutherville, MD; <i>RWM</i> <b>** CONTINUING DATA *****</b> This application is a CIP of 09/443,072 11/18/1999 PAT 6,804,656 <b>** FOREIGN APPLICATIONS *****</b> <i>None - RWM</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY**</b> <b>** 11/25/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and <i>Robert Mager</i> Acknowledged <i>Examiner's Signature</i> Initials		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 24	<b>TOTAL CLAIMS</b> <del>24</del> 31
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 22208				
<b>TITLE</b> System and method for physician note creation and management				
<b>FILING FEE RECEIVED</b> 715	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	